



OFFICE OF INSURANCE REGULATION



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Department File Number :	M199600391
Claim Number :	OMSCT94L0053
Date Submitted :	2/6/1996

Insurer Information

Insurer Name	Coverage Type
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SURGEONS' PROFESSIONAL LIABILITY SELF-IN.TRUST,INC	Excess
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Insurer FEIN	Professional License Number
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65-6019915

Insurer Contact Information

Type	Entity Name
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Entity

Street Address

City	State	Zip
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FL

Phone	Ext	Fax	E-Mail Address
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Insured Information

Type	First Name	MI	Last Name
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Individual	LOPEZ M.D.		BERTO
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Insurer Type	Street Address of Practice
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Licensed	*NR
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City	State	Zip Code	County
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*NR	FL	33401	Palm Beach
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Policy Number	Per Claim Policy Limits	Aggregate Policy Limits
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*NR	\$250,000	*NR
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Profession or Business	Other Profession or Business
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Medical Doctor

License Number	Specialty Code & Classification	Certification Number
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0050399	Surgery - Obstetrics - Gynecology	
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Injured Person Information

First Name	MI	Last Name	Date of Birth
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Street Address	Gender	County where Injury Occurred
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F	*NR
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City	State	Zip Code
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Location where injury occurred	Other location where injury occurred
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Hospital Inpatient Facility

Name of Institution	Code
*NR	
Location of Institutional Injury	Other Location of Institutional Injury
Patients' Room	
Date of Occurrence	Date Reported to Insurer
5/10/1994	5/17/1994

Diagnostic Information	
Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition	
*NR	
Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury	
*NR	
Diagnostic Code :	
Misdiagnosis Made, If Any, Of Patient's Actual Condition	
*NR	
Principal Injury Giving Rise To The Claim	
*NR	
Severity Of Injury	
Permanent: Death.	

Legal Information	
Date of Suit	
8/3/1995	Circuit Court Case Number
	0000CL95-6111AH
County Suit Filed in	Date of Final Disposition
	11/29/1995
Other Defendants Involved in this Claim	
Stage of Legal System at which Settlement was Reached or Award Made	
More than 90 days, after suit filed and prior to or during the course of mandatory settlement conference.	
Final Method of Claim Disposition	
Settled by parties	
Court Decision	Other
No Court Proceedings.	
Arbitration	
Claim not subject to Arbitration.	
Date of Payment	

Financial Information		
Was there a settlement Resulting in payment to the Plaintiff?		
		Yes
Indemnity Paid by Insurer on behalf of Insured		\$250,000
Loss Adjust Expense Paid to Defense Counsel		\$1,215
All Other Loss Adjustment Expense Paid		\$1,345
Injured Person's Total Non-Economic Loss		\$250,000
Deductible		\$0
Injured Person's Total Economic Loss		
	<u>Incurred to Date</u>	<u>Anticipated</u>
Medical Expense	\$0	\$0
Wage Loss	\$0	\$0

Other Expenses	\$0	\$0
Safety Management Steps Taken by Insured to Make Similar Occurrence Less Likely		
*NR		

Updates
No updates found.

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*NR: Prior to 04/28/1999 this field was not required in submitted claims.

This page is not displaying certain sensitive information.

One or more fields in this claim have failed internal data validation testing.

